A. TYPE OF HANDBOOK

Part Q, Division I, is the Ambulance Handbook of the Wisconsin Medical Assistance Program (WMAP), to be used with the Part A handbook.

| Part Q, Division I, contains: | Part A contains: |
|---|---|
| - provider eligibility criteria;<br>- recipient eligibility criteria;<br>- covered services;<br>- reimbursement information; and<br>- billing instructions. | - general policy guidelines;<br>- regulations;<br>- telephone numbers and addresses; and<br>- billing information applicable to all providers certified in the WMAP. |

B. PROVIDER INFORMATION

**Provider Eligibility and Certification**

Ambulance
Per section HSS 105.38, Wis. Admin. Code:

> "For Medical Assistance certification, ambulance service providers shall be licensed pursuant to s. 146.50, Stats., and ch H 20 (HSS 110), and shall meet ambulance inspection standards adopted by the Wisconsin Department of Transportation under s. 341.085, Stats., and found in ch. Trans 157."

Ambulance providers who are granted border status and who do not provide services in Wisconsin are exempt from the Wisconsin licensure requirement, but must be licensed by the appropriate agency in the state in which they provide services. Section 105.48, Wis. Admin. Code, explains which provider may be granted border status.

**Separate Certification**
*All ambulance providers who operate either air ambulance or specialized medical vehicles (SMV) must obtain separate certification for each service, in order to bill for these services.*

Air Ambulance
An air ambulance service must be licensed by the Division of Health pursuant to s. 146.50 Wis. Stats.

**Scope of Service**
The policies in Part Q, Division I, govern services provided within the scope of the practice of the profession as defined in ss. 49.46, Wis. Stats. and Chapter HSS 107.23, Wis. Admin. Code. Covered services and related limitations are listed in Section II of this handbook.

**Reimbursement**
Providers can bill the WMAP for covered services only if the services are also billed to non-Medical Assistance recipients.

Ambulance providers are reimbursed by maximum allowable fees for all covered ambulance services provided to WMAP recipients eligible on the date of service. The maximum allowable fees are based on three geographic reimbursement areas:

B. PROVIDER INFORMATION (continued)

- statewide/out-of-state;
- metropolitan professional; and
- Milwaukee county.

Ambulance providers must bill their usual and customary charges for the services provided. The usual and customary charge is the amount charged by the provider for the same service when provided to non-Medical Assistance recipients.

**Available Transportation Services**
The following types of transportation are available to WMAP recipients:

Public Common Carrier/Private Motor Vehicle Program
The WMAP does not reimburse providers for this type of transportation. The local tribal or county social and human service agencies reimburse the recipient. For more information on this program, contact the local county department of social or human services.

This type of transportation includes:

- car;
- airplane;
- train;
- bus; or
- taxi.

This form of transportation is used when:

- the recipient is physically and mentally able to take this form of travel without the assistance of another person;
- a child of any age is able to take a bus, airplane, train, taxi, or car with an adult; and
- the local county department of social and human service agency approves the service.

Specialized Motor Vehicle (SMV)
SMV transportation is a WMAP-covered benefit to be used when the recipient is disabled and is unable to take public common carrier or private motor vehicle transportation and the purpose of the trip is to receive WMAP-covered medical services.

If the recipient is enrolled in an HMO, contact the HMO for coverage information. Refer to Section I-C of this handbook for additional WMAP eligibility information.

Ambulance
Ambulance transportation is:

- licensed by the Department of Health and Social Services;
- a covered emergency transport, usually to the hospital; or
- a covered non-emergency transport when the recipient has a significant medical condition or a need for medical monitoring that does not allow common carrier, private motor vehicle, or specialized motor vehicle transportation.

Ambulance transportation providers are separately certified.

B. PROVIDER INFORMATION (continued)

**Provider Responsibilities**

Specific WMAP provider responsibilities are stated in Section IV of the WMAP Part A Provider Handbook. Reference Section IV of Part A for detailed information regarding:

- fair treatment of the recipient;
- maintenance of records;
- recipient requests for noncovered services;
- services rendered to a recipient during periods of retroactive eligibility;
- grounds for provider sanctions; and
- additional state and federal requirements.

C. RECIPIENT INFORMATION

**Eligibility For Medical Assistance**

The identification cards include:

- the recipient's name;
- date of birth;
- 10-digit Medical Assistance identification number; and
- when applicable, indicator of private health insurance coverage, HMO coverage, Medicare coverage, and Medicare QMB-Only coverage.

The Medical Assistance identification cards are:

- sent to recipients monthly; and
- valid only through the end of the month for which they are issued.

It is important that the provider or the designated agent check a recipient's Medical Assistance identification card prior to providing service to determine the recipient's eligibility and if there are any limitations to the recipient's coverage.

Section V-C of the WMAP Part A Handbook provides detailed information on:

- Medical Assistance eligibility;
- identification cards, temporary cards, and restricted cards; and
- how to verify eligibility.

A sample Medical Assistance identification card is in Appendix 7 of the WMAP Part A Handbook.

**Medical Status**

Medical Assistance recipients are classified into one of several eligibility categories. These categories allow for a differentiation of benefit coverage. Refer to Section V of the WMAP Part A Provider Handbook for additional medical status information.

**Medicare/Medical Assistance Dual Entitlement**

Recipients covered under both Medicare and Medical Assistance are referred to as dual-entitlees. Providers can identify Medicare recipients by an "A" or "B" on the Medical Assistance identification card. See Appendix 7 of the WMAP Part A Handbook for an example.

**Medicare QMB-Only Coverage**

Providers can identify Qualified Medicare Beneficiary Only (QMB-Only) recipients by the presence of "QMB-Only", or "QMB-Only NH" (nursing home residents) on the Medical Assistance identification card. QMB-Only recipients are only eligible for WMAP payment of the coinsurance and the deductibles for Medicare covered services.

C. RECIPIENT INFORMATION (continued)

**Health Maintenance Organization (HMO) Coverage**

WMAP recipients enrolled in WMAP-contracted HMOs receive a yellow Medical Assistance identification card. This card has a six-character code in the "Other Coverage" column designating the recipient's HMO. The codes are defined in Appendices 20, 21, and 22 of the WMAP Part A Provider Handbook.

Providers must check the recipient's current Medical Assistance identification card for HMO coverage before providing services. A sample Medical Assistance identification card can be found in Appendix 7 of the WMAP Part A Handbook. Claims submitted to EDS for services covered by WMAP-contracted HMOs are denied.

For recipients enrolled in a WMAP-contracted HMO, all conditions of reimbursement and prior authorization for ambulance services are established by the contract between the HMOs and certified providers. Ambulance providers, serving WMAP-contracted HMO recipients, should contact the recipient's HMO for further information regarding specific HMO prior authorization and billing information.

Additional information regarding HMO noncovered services, emergency services, and hospitalizations is included in Section IX-E of the WMAP Part A Provider Handbook.

**Copayment**

Except as noted below, all recipients are responsible for paying part of the costs involved in obtaining non-emergency ambulance services. The procedure codes and their applicable copayment amounts are in Appendix 3 of this handbook.

Providers are reminded of the following copayment exemptions:

- emergency services;
- services provided to nursing home residents;
- services provided to recipients under 18 years of age;
- services provided to a pregnant woman if the services are related to the pregnancy;
- services covered by a WMAP-contracted Health Maintenance Organization (HMO) to HMO enrollees; and
- family planning services and related supplies.

The provider collects the recipient copayment. Applicable copayment amounts are automatically deducted from payments allowed by the WMAP. Do not reduce the billed amount of the claim by the amount of recipient copayment.